DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:	MATP-649US	
First Named Inventor:	Michael Kahn et al.	
СОМІ	PLETE IF KNOWN	
Application Number:	To Be Assigned	
Filing Date:	Herewith	
Art Unit:	To Be Assigned	
Examiner Name:	To Be Assigned	

Declaration Submitted With Initial Filing (37 CFR 1.63) Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

Supplemental Declaration (37 CFR 1.67)

I hereby declare that:
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
METHODS AND APPARATUS FOR SWITCHING FROM A NON-MODULE TUNING MODE TO A MODULE TUNING MODE IN A CABLE TELEVISION RECEIVER

(Title of the Invention)

the specification of which

冈 is attached hereto

	UI

was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		
Humber(s)		(IVIIVI/DD/1111)	Ciainled	Yes	No

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:						
$oxed{\boxtimes}$ Practitioners at Customer Number $\underline{23122}$						
OR Practitioner(s) named below:						
	rractitioner(s) harned below.					
	Name			Registration Number		
				·		
				·		
as m Pate	ny/our attorney(s) or agent(s) to nt and Trademark Office connect	prosecute the application is ted therewith.	dentified above, and t	to transact al	l business in the United States	
Direc	ct all correspondence to:	Practitioners Customer N	Umber listed shave	OP		
		_	•	On		
		Correspondence Address				
Nam	e:					
Addı	ress:					
City: State:			Zip:			
Country: Telephone:			Fax:			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))		Family Name or Surname				
Michael		Kahn				
Inventor's Signature Mall M				Date: 2/17/2004		
Residence: City: Westampton State: NJ		Country: US Citizenship: US		Citizenship: US		
Mailing Address: 60 Dover Road						
Mailing Address:						
City: Westampton State: NJ		Zip: 08060	Country: US			
Additional inventors are listed on the next page.						

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Daniel			Mocelo	
Inventor's Signature James	Micel-		Date: <u>2-17-2004</u>	
Residence: City: Marlton	State: NJ	Country: US	Citizenship: US	
Mailing Address: 22 Hornsby Drive				
Mailing Address:				
City: Marlton	State: NJ	Zip: 08053	Country: US	
Name of Third Inventor:		A Petition has been file	d for this unsigned inventor.	
Given Name (first and middle (if any))	Family	Name or Surname	
David	1.		Siegers	
Inventor's Signature	V Sjor	Date: 2/17/2004		
Residence: City: Morrisville	State: PA	Country: US	Citizenship: US	
Mailing Address: 204 Valley Road				
Mailing Address:				
City: Morrisville	State: PA	Zip: 19067	Country: US	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))	Family Name or Surname		
Phillip		Reeves		
Inventor's Signature	r Kon	UD .	Date: 2/17/04	
Residence: City: Burlington	State: NJ	Country: US	Citizenship: US	
Mailing Address: 214 E. Union Street				
Mailing Address:				
City: Burlington	y: Burlington State: NJ Zip: 08016 Country: US			
Additional inventors are listed on Supplemental Sheet(s).				

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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Name of Additional Joint Inventor, if any:		☐ A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Edwin R.			1eyer	
Inventor's Signature Colin Rolet Men			Date: 2-17-2004	
Residence: City: Princeton	State: NJ	Country: US	Citizenship: US	
Mailing Address: 533 Sayre Drive				
Mailing Address:				
City: Princeton	State: NJ	Zip: 08540	Country: US	
Name of Additional Joint Inver	ntor, if any:	A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date:		
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:			,	
Mailing Address:				
City:	State:	Zip:	Country:	
Name of Additional Joint Inver	ntor, if any:	A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				
Mailing Address:				
City:	State:	Zip:	Country:	